Atty. Docket No.: UCONAP/207/US

NEW PATENT APPLICATION TRANSMITTAL

Mail Stop Patent Application Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450 22386 U.S. PTO 10/647544

Sir:
Transmitted herewith for filing is the ☑ Utility ☐ Design patent application of: First named Inventor: Alexandros MAKRIYANNIS For: Keto Cannabinoids With Therapeutic Indications
Enclosed are: 85
☐ If checked, this application is a: ☐ Continuation ☐ Continuation-in-part ☐ Divisional
Application of prior United States Patent Application No.: previously examined by(Examiner) in Group/Art Unit
For Continuation or Divisional Applications: The entire disclosure of the prior application, from which an oath or declaration is supplied, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.
If checked, a REQUEST FOR NONPUBLICATION OF APPLICATION UNDER 35 U.S.C. §122(b)(2)(B)(i) is attached:
I, <u>Kathleen C. Stuart</u> , hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on August 25, 2003, and is addressed to "Mail Stop Patent Application, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-

Express Mail Label No. EV 117 319 122 US

1450".

Kathleen C. Stuart

Atty. Docket No.: UCONAP/207/US

Pietrowski, Reg. No. 43860

The filing fee has been calculated as shown below:

Design Application For ☐ Small entity not Small Entity

☐ Utility Application with fee calculated below:

☐ If checked, Applicant is a SMALL ENTITY.

	<u>Claims</u>		Small Entity		Large Entity		
	No. <u>Filed</u>		No. <u>Extra</u>		11700		
Total Claims	33	-20=	13	x\$ 9 =	117,00 - 9.00	x \$ =	
Independent claims	5	- 3=	2	x \$ 42 =	84.00	x \$ =	
Basic Fee					\$ 375.00		\$
Multiple Deper	ndent Clai	ms		x \$ =		x \$	
				TOTAL	\$ 576.00	TOTAL	

\boxtimes	A check in the amount of \$576.00 to co	ver the filing fee is enclosed
-------------	---	--------------------------------

Please charge my Deposit Account No. 16-2563 in the amount of \$ to cover the filing , fee. A duplicate of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional required filing fees under 37 CFR 1.16 associated with this communication or credit any overpayment to Deposit account No. 16-2563. A Duplicate Copy Of This Sheet Is Enclosed.

The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required M during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. A duplicate copy of this sheet is enclosed.

Alix, Yale & Ristas, LLP

750 Main Street - Suite 1400

Hartford, Connecticut 06103-2721

Telephone: (860) 527-9211

Facsimile No. 860-527-5029

n di Esta in noncre i locación de Marcharde Congenia de Congenia de Carección de la cocación de Carección de C